



## Program advice for health professionals

### Key points and updates for 2026

- For adults aged 65 years and over, both the NIP funded adjuvanted vaccine (Fluad<sup>®</sup>) and the private market high dose influenza vaccine (Fluzone High-Dose) are equally preferentially recommended over standard influenza vaccines.
- Flucelvax<sup>®</sup>, a cell-based vaccine, is NIP funded for people aged 5 to 64 years with medical conditions that put them at increased risk of complications from influenza. There is no preferential recommendation between Flucelvax<sup>®</sup> and standard dose egg-based influenza vaccines.
- In 2026, the intranasally administered live attenuated influenza vaccine (LAIV) will be available for the first time in Australia for children aged 2–17 years by private prescription, and through state-based immunisation programs in New South Wales, Queensland, South Australia and Western Australia.
- Influenza vaccines can be co-administered with other vaccines.

### Vaccination timing

Annual influenza vaccination is recommended when it becomes available in April 2026, before the start of the influenza season.

For patients who received a 2025 influenza vaccine in late 2025 or early 2026, it is still recommended they receive a 2026 vaccine when it becomes available.

Vaccination should continue to be offered as long as influenza viruses are circulating and a valid vaccine is available.

### Vaccine strains

For the 2026 season, Trivalent Influenza Vaccines (TIVs) are the only vaccines available in Australia.

Egg-based influenza vaccines	Cell-based influenza vaccines
A/Missouri/11/2025 (H1N1)pdm09	A/Missouri/11/2025 (H1N1)pdm09-like virus
A/Singapore/GP20238/2024 (H3N2)-like virus	A/Sydney/1359/2024 (H3N2)-like virus
B/Austria/1359417/2021 (B/Victoria lineage)-like virus	B/Austria/1359417/2021 (B/Victoria lineage)-like virus

### Cell based vaccines

Flucelvax<sup>®</sup>, a cell-based vaccine, is NIP funded for people aged 5 to 64 years with medical conditions that increase their risk of complications from influenza. There is no preferential recommendation between Flucelvax<sup>®</sup> and standard dose egg-based influenza vaccines.

### Special considerations

- People planning international travel should consider influenza vaccination to ensure optimal protection while travelling.
- Live attenuated influenza vaccine (LAIV), administered intranasally, will be available for children aged 2–17 years by private prescription and through state-based immunisation programs.

LAIV is contraindicated for individuals with moderate or severe immunocompromise but is otherwise considered equivalent in effectiveness to inactivated influenza vaccines.

Pregnant women should receive inactivated influenza vaccines, rather than live attenuated influenza vaccine (LAIV).

For further information on access to LAIV, refer to your state or territory health department.

## Children aged 6 months to less than 5 years

Influenza vaccination is recommended and funded under the NIP for all children aged 6 months to less than 5 years.

In the first year a child is vaccinated, two doses of influenza vaccine are recommended and funded for children aged 6 months to less than 2 years, administered at least 4 weeks apart.

Although two doses are recommended, receiving even one dose provides some protection and is preferable to receiving no dose.

In subsequent years, children only require one annual dose, even if they received only a single dose in their first year of influenza vaccination. One dose is recommended and funded for children aged 2 to less than 5 years.

## Pregnant women

Influenza vaccination is recommended and funded for every pregnancy, at any stage of pregnancy, and is part of routine antenatal care.

While it is best to give the vaccine before the influenza season, it can be given at any time, providing protection for both the mother and baby for the first few months of life.

For women who received an influenza vaccine in 2025, it is recommended to also administer the 2026 vaccine if available before the end of pregnancy. Women who received an influenza vaccine before becoming pregnant should be revaccinated during pregnancy to protect the unborn infant.

Influenza vaccine is safe to administer at the same visit as the:

- pertussis vaccine (recommended at 20–32 weeks' gestation)
- RSV vaccine (recommended at 28–36 weeks' gestation)
- COVID-19 vaccine, if required
- any other vaccines indicated during pregnancy

Pregnant women should receive inactivated influenza vaccines, rather than live attenuated influenza vaccine (LAIV).

## Aboriginal and Torres Strait Islander People

Influenza vaccination is recommended and funded under the NIP for all Aboriginal and Torres Strait Islander people aged 6 months and over. This is because the disease burden from influenza is significantly higher among Aboriginal and Torres Strait Islander people than non-Indigenous Australians.

## People aged 65 years and over

Influenza vaccination is recommended and funded under the NIP for all people aged 65 years and over, due to their higher risk of complications from influenza.

Fluad<sup>®</sup>, a NIP funded adjuvanted influenza vaccine, and the private market high dose influenza vaccine (Fluzone High-Dose), are equally preferentially recommended over standard influenza vaccines.

Influenza vaccines can be co-administered with:

- any of the COVID-19 vaccines,
- RSV vaccines and
- the shingles (herpes zoster) vaccine.

## Medically at-risk

Influenza vaccination is recommended and funded under the NIP for all people aged 6 months and over who have any of the following medical risk conditions:

- Cardiac disease
- Chronic respiratory conditions
- Immunocompromising conditions
- Haematological disorders
- Chronic metabolic disorders
- Chronic kidney disease
- Chronic neurological conditions
- Long-term aspirin therapy in children aged 5 to 10 years

Children under 9 years of age with a medical risk condition who are receiving the influenza vaccine for the first time are recommended and funded to receive two doses, administered at least 4 weeks apart.

# Eligibility for the National Immunisation Program vaccines

Check if your patient is eligible to receive a free influenza vaccine using the following tables:

## 2026 NIP-funded eligibility

<ul style="list-style-type: none"> <li>Children aged 6 months to less than 5 years</li> <li>Pregnant women at any stage of pregnancy</li> <li>First Nations people aged 6 months and over</li> </ul>	<ul style="list-style-type: none"> <li>People aged 65 years and over</li> <li>People aged 6 months and over with certain medical conditions. Refer to medical conditions below.</li> </ul>
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## Medical Conditions

Category	Example medical conditions
<b>Cardiac disease</b>	Congenital heart disease, congestive heart failure, coronary artery disease
<b>Chronic respiratory condition</b>	Suppurative lung disease, bronchiectasis, cystic fibrosis, chronic obstructive pulmonary disease, chronic emphysema, severe asthma (requiring frequent medical consultations or the use of multiple medicines)
<b>Immunocompromising condition</b>	HIV infection, malignancy, immunocompromise due to disease or treatment, asplenia or splenic dysfunction, solid organ transplant, haematopoietic stem cell transplant, CAR T-cell therapy
<b>Haematological disorder</b>	Sickle cell disease or other haemoglobinopathies
<b>Chronic metabolic disorder</b>	Type 1 or 2 diabetes, amino acid disorders, carbohydrate disorders, cholesterol biosynthesis disorders, fatty acid oxidation defects, lactic acidosis, mitochondrial disorders, organic acid disorders, urea cycle disorders, vitamin/cofactor disorders, porphyrias
<b>Chronic kidney disease</b>	Chronic renal impairment – eGFR <30 mL/min (stage 4 or 5 disease)
<b>Chronic neurological condition</b>	Hereditary and degenerative CNS diseases, seizure disorders, spinal cord injuries, neuromuscular disorders, other conditions which impair respiratory or airway function
<b>Long-term aspirin therapy in children aged 5 to 10 years</b>	These children are at increased risk of Reye's syndrome following influenza infection

## NIP funded trivalent influenza vaccines (TIVs) by age group

Age group	Fluad® 0.50 mL (CSL Seqirus)	Flucelvax® 0.50 mL (CSL Seqirus)	Vaxigrip® 0.50 mL (Sanofi)
6 months to <5 years	DO NOT USE	NOT FUNDED	✓
≥5 to <60 years	DO NOT USE	✓*	✓*
≥60 to <65 years	DO NOT USE	✓*	✓*
≥65 years	✓	NOT FUNDED	NOT FUNDED

**Note:** Ticks indicate vaccines that are NIP funded. Asterisks (\*) indicate funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions. Other influenza vaccines that are not NIP-funded are available in 2026. For further information, refer to the ATAGI clinical statement on the administration of influenza vaccines in 2026 available at [health.gov.au/influenza-resources](https://health.gov.au/influenza-resources) and the Australian Immunisation Handbook chapter – [Influenza \(Flu\)](#).

## Influenza vaccine safety

### Contraindications

The only contraindications to influenza vaccines are:

- Anaphylaxis following a previous dose of any influenza vaccine
- Anaphylaxis following any vaccine component (excluding eggs)
- LAIV is contraindicated for individuals with moderate or severe immunocompromise.

### Latex allergy

All influenza vaccines available under the NIP in 2026 are latex free and people with a latex allergy can be safely vaccinated.

### Egg allergy

Allergy to eggs is not a contraindication to egg-based influenza vaccines. However, in the case of significant concerns, the vaccine may be administered in a primary care setting with a longer waiting period of 30 minutes.

### Adverse events following vaccination

To avoid injury ensure you are administering the vaccine to the correct injection site. For more information refer to [Recommended injection sites](#) chapter of the Australian Immunisation Handbook.

You must notify of all adverse events following immunisation through the usual reporting mechanisms in your state or territory.

## Disposal of vaccines

Some 2025 influenza vaccine brands expired in December 2025, and others expired in February 2026. Dispose of vaccines in accordance with your local level protocols.

## Australian Immunisation Register

You must report **all** influenza vaccinations, both NIP and privately purchased, to the Australian Immunisation Register (AIR).

### Keep up to date with current information

- You should read the advice in this factsheet in conjunction with:
  - The ATAGI clinical statement on the administration of seasonal influenza vaccines in 2026 available at [health.gov.au/influenza-resources](https://www.health.gov.au/influenza-resources)
  - The Australian Immunisation Handbook available at [immunisationhandbook.health.gov.au](https://immunisationhandbook.health.gov.au)
  - 2026 NIP influenza website available at [health.gov.au/flu](https://www.health.gov.au/flu)
  - 2026 NIP influenza resources available at [health.gov.au/influenza-resources](https://www.health.gov.au/influenza-resources)
- Subscribe to the National Immunisation Program (NIP) and National COVID-19 Vaccination Program (NCVP) updates email distribution list. Search 'NIP and NCVP updates' on [health.gov.au](https://www.health.gov.au)

#### State and territory health department contact numbers:

<b>ACT</b>	02 5124 9800	<b>SA</b>	1300 232 272
<b>NSW</b>	1300 066 055	<b>TAS</b>	1800 671 738
<b>NT</b>	08 8922 8044	<b>VIC</b>	<a href="mailto:immunisation@health.vic.gov.au">immunisation@health.vic.gov.au</a>
<b>WA</b>	08 9321 1312	<b>QLD</b>	Contact your local Public Health Unit



**National  
Immunisation  
Program**

A joint Australian, State and Territory Government Initiative